



## Assistive Technology Request

Child's Legal Name:		DOB:		Date Submitted:	
Vendor Name:		Vendor Address:		Vendor Phone #:	
BN Service Coord. Name:		Agency:		BN Service Coord. Phone #:	
Ordering Physician:		Phone #:		BN Authorization #:	
<b>Assistive Technology (AT) Requested</b>			<b>HCPCS/ BN CODE</b>	<b>QTY</b>	<b>\$ Each</b>
Will AT be used solely in therapy sessions?		Yes	No	Duration of AT use?	
What other assistive technology device(s) is the child currently using?					
How will the AT relate to the outcomes on the IFSP?					
Has the AT been tried with the child?		Yes	No	If yes, results:	
Is the child over 33 months old?		Yes	No		
<b>The following documentation must be included with this request:</b>					
	Copy of signed therapy evaluation(s) supporting request.				
	Completed BabyNet Payment Authorization (all copies must be submitted to the BN Systems Manager)				
	Completed company order form when equipment is being mail-ordered.				
	Copy of physician's prescription(s). If applicable.				
	Copy of sell sheet/options listing with breakdown of prices from provider; if applicable				
<b>Central Office Use Only:</b>					
Date Received:		Review Date:		Approved:	Yes No
<b>Comments:</b>					

# INSTRUCTIONS

## Assistive Technology Request

- **Child's Name:** Enter child's legal name. Do not use nicknames.
- **Child's DOB:** Enter child's date of birth
- **Date Submitted:** Enter date request is submitted to BN Central Office.
- **Vendor Name:** Enter the name of the provider providing the equipment/service.
- **Vendor Address:** Enter the address of the provider providing the equipment/service.
- **Vendor Phone #:** Enter the phone number of the provider providing the equipment/service.
- **BN Service Coord. Name:** Enter name of the child's BN Service Coordinator.
- **Agency:** Enter name of the agency the BN Service Coordinator is employed with.
- **BN Service Coord. Phone #:** Enter the phone number for the BN Service Coordinator.
- **Ordering Physician:** Enter name of physician providing prescription for AT, if required.
- **Assistive Technology Requested:** Enter a specific description of the AT being requested.
- **HCPCSS/BN Code:** Enter the HCPCS or BN Code for the equipment/service being requested.  
See BN Service/Payment Guide.
- **QTY:** Enter the quantity of AT items being purchased.
- **\$ Each:** List price for each item being requested.
- **\$ Total:** List total price for AT (QTY X \$ each).
- **Will AT be used solely in therapy sessions?** Circle "yes" or "no" depending on response.
- **Duration of AT use?** Anticipated duration of AT equipment being requested for child.
- **What other assistive technology devices is the child currently using?** List any other types of AT the child may be currently using (i.e., hearing aids, orthotics, etc.)
- **How will the AT relate to the outcomes on the IFSP?** For BabyNet to purchase AT, it must be related to a functional outcome on the child's IFSP. List the specific outcome under which the AT will be addressed.
- **Has the AT been tried with the child?** Circle "yes" or "no" depending on response. It is important that efforts be made to ensure the AT is tried with the child prior to purchase to determine appropriateness.
- **Is the child over 33 months old?** If so, it is likely that the AT will not be available in time for the child to benefit prior to their 3<sup>rd</sup> Birthday.
- **The following documentation must be included with this request:** Check documentation that is submitted with the AT Request. Use this checklist to ensure that all appropriate documentation is attached.
- **Central Office Use Only:** This space should only be written in the BN Central Office staff.